4548

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04576

Item 8 film G167 6/7/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: R

COUNTY Garett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger

LENGTH OF STAY (in this place) 45 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: R

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Bittinger

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-14-~~1873~~ 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Rural Salisbury Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Ross Sechler

14. MOTHER'S MAIDEN NAME: Elizabeth Folk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Fred Bittinger -Bittinger Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

DUE TO

Antecedent cause(s) (b) Generalized arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1952, to May, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 9-45 P.m., from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (DEGREE OR TITLE) MD. ADDRESS Salisbury, Pa DATE SIGNED 5-18-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-20-1954

NAME OF CEMETERY OR CREMATORY Bittinger Cemetary

LOCATION (City, town, or county) Bittinger-Garett-Co (State) Md

DATE REC'D BY LOCAL REG. 5/24/54

REGISTRAR'S SIGNATURE J. B. Emory

24. FUNERAL DIRECTOR Wm Wintesberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

RECEIVED
MAY 26 1954
BUREAU V. S.

4599 04578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 film G166 6/3/54 cm
Item 8 film G166 6/2/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Friendsville Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, rural
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED: (First) Arch (Middle) C (Last) Friend

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 12 1895	59 yrs.	11	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Garrette Co Md	

13. FATHER'S NAME: David H Friend

14. MOTHER'S MAIDEN NAME: Mary J Garie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	World War I		Estella Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	3 mos.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Myocarditis	8 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1949, to May 21, 1954, that I last saw the deceased alive on April 12, 1954, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Milton Depfer, MD Friendsville, Md May 22, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 1954	Blooming Rose Cem.	near Friendsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22-1954	Kathryn Fike	E H Harned	Brandonville W.Va.

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04580

46-1

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Garrett — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RFD
LENGTH OF STAY (in this place): Eifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): Star Route

3. NAME OF DECEASED: (First) Forest (Middle) O. (Last) Michael
4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: July 23, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Garrett County
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. H. Michael
14. MOTHER'S MAIDEN NAME: Eliza E. Reckner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Forest Michael

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Myocardial failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary occlusion — 2 Yrs.

DUE TO

(C) Arteriosclerotic heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial asthma

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to May, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: John T. Mitchell Jr., M.D. ADDRESS: Salisbury, Pa DATE SIGNED: 6-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6-2-1954
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Garrett Co. Md.

DATE REC'D BY LOCAL REGISTRAR: June 1/54
REGISTRAR'S SIGNATURE: Ethel Broadwater
24. FUNERAL DIRECTOR: Joseph R. Durst
ADDRESS: Frostburg, Md.

RECEIVED
JUN 3 1954
BUREAU V. S.

04582

MARYLAND 4602

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (in this place) 15yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) W.Main St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	Clayton	Paugh		May	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 25,1889	64 yrs.		10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Coal Mines	Deer Park, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Perry Paugh	Ellen Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	216-01-1581	Mrs. Anna B. Paugh, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (332X)	(a) Massive cerebral hemorrhage	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Rheumatoid arthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 19.50, to May, 19.54, that I last saw the deceased alive on May 5 1954, and that death occurred at 11:55P. m., from the causes and on the date stated above.

SIGNATURE Ruth Columella (Degree or title) M.D ADDRESS Kitzmiller Md DATE SIGNED May 6-54

23. BURIAL, CREMATION (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 8 /54	I.O.O.F. Cemetery	Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7-54	A.W. Barrick	Otha F. Sharpless, Blaine, W.Va.	

RECEIVED
MAY 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4603 CERTIFICATE OF DEATH

05585

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mt. Lake Park
LENGTH OF STAY (in this place) 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mi. east Mt. Lake Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mt. Lake Park,
STREET ADDRESS (If rural give location) 1 Mi. East Mt. Lake Park

3. NAME OF DECEASED: (First) Benjamin (Middle) Franklin (Last) Shaffer

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2/13/1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Manager

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Shaffer

14. MOTHER'S MAIDEN NAME: Mary Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT & ADDRESS: Benjamin Shaffer Jr., Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Acute Myocardial Insufficiency — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Hemorrhage — 5 days

DUE TO

(c) Hypertension — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1954, to May 31, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 7:20 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Calandriello M.D. ADDRESS Keymar Md DATE SIGNED June 3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/3/1954

NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.

LOCATION (City, town, or county) (State) near Mt. Lake Park Md.

DATE REC'D BY LOCAL REGISTRAR 6/4/54

REGISTRAR'S SIGNATURE Jules Lawson

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

cm

VS. A15

RECEIVED
JUN 21 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04584

4604

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Mi. So. DeerPark, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park,
STREET ADDRESS (If rural give location) 5 Mi. So. Deer Park, Md.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Steyer (Last) Shockey

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 10/17/1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Steyer

14. MOTHER'S MAIDEN NAME: Mary Boger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: V. T. Steyer Steyer, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Myocardial Heart Disease — Interval Between Onset And Death 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 8 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Oct., 1945, to 9 May, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. E. Mance MD ADDRESS Oakland Md DATE SIGNED 10 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/11/1954 NAME OF CEMETERY OR CREMATORY White Church Cemetery LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 5/10/1954 REGISTRAR'S SIGNATURE Julia A Roman LR

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

VS. A15

RECEIVED
JUN 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04585

4605 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 1 YR
HOSPITAL OR INSTITUTION OR STREET ADDRESS WEEKS NURSING HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) SLOAN

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. - 17 - 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SWANTON. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ZACHARIA SLOAN.
14. MOTHER'S MAIDEN NAME: ADLINE MILLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MRS MARGARET SLOAN McHENRY MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 45.2.0	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis - generalized	7 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1949, to May 19, 1954, that I last saw the deceased alive on 18 May, 1954, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE O. E. Maurer (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 20 May 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF MAY-23-1954
NAME OF CEMETERY OR CREMATORY SALISBURY
LOCATION (City, town, or county) SALISBURY (State) PA.
DATE REC'D BY LOCAL REG. May 23/54
REGISTRAR'S SIGNATURE Julia D. Rowan
24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 1 1954
BUREAU V. S.

04586

MARYLAND 4608

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Shaw, W.Va. LENGTH OF STAY (in this place) 50Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mi. West in Garrett Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Shaw, W.Va.

STREET ADDRESS (If rural, give location) 1 Mi. West in Garrett Co.,Md.

3. NAME OF DECEASED (Type or Print) (First) Newton (Middle) Wells (Last) True

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 19,1878

9. AGE last birthday 75 yrs. If under 1 year: Months 9 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal Mines

11. BIRTHPLACE (State or foreign country) Clarksburg, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas True

14. MOTHER'S MAIDEN NAME Harriett Cottrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 212-12-8292

17. INFORMANT AND ADDRESS Mrs.Lucinda True, Shaw, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Dead on Arrival

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 6, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 7:30P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandella (Degree or title) MD ADDRESS Kitzmiller Md DATE SIGNED May 7 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/9/54 NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery LOCATION (City, town, or county) Elk Garden, W.Va. (State)

DATE REC'D BY LOCAL REG. 5-11-54 REGISTRAR'S SIGNATURE A. W. Barrick E.T.

24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

RECEIVED
MAY 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05588

4607

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. X
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. X MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) GENEVA (Last) WALTER.

4. DATE OF DEATH: (Month) MAY. (Day) 22 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JULY-17-1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WILLIAMSPORT. W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN LEWIS BRAFFORD.

14. MOTHER'S MAIDEN NAME: IDA SHAFFER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: ROBERT BRAFFORD. OAKLAND MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 176X

Immediate cause (a) Cancer of Female Organs,

DUE TO

Antecedent cause(s) (b) 10 Years duration

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Unknown

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Oakland (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 1 1954, to May 15 1954 that I last saw the deceased alive on May 15 1954, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE J W Wenzel (DEGREE OR TITLE) ADDRESS Oakland Md DATE SIGNED May 22-54

23. BURIAL, CREMATION REMOVAL (Specify): BUR[redacted]

DATE THEREOF MAY-24-1954

NAME OF CEMETERY OR CREMATORY OAKLAND.

LOCATION (City, town, or county) OAKLAND. (State) MARYLAND.

DATE REC'D BY LOCAL REG. 5/14/1954

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Emory Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 21 1954
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04587

4608

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Oakland; LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garr. Co. Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; STREET ADDRESS (If rural give location) Rural-Route 2-Red House

3. NAME OF DECEASED: (First) WILLIAM (Middle) P. (Last) WARSAW

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr.

8. DATE OF BIRTH: 12-5-70

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Miner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Warsaw

14. MOTHER'S MAIDEN NAME: Lydia Heckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 9

16. SOCIAL SECURITY NO.: 236-03-6783

17. INFORMANT & ADDRESS: Nellie Warsaw, Oakland R2 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 20 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Art. C. V. D. — years

DUE TO (c)

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma - bronchial — years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 May 19 54 to 25 May 19 54, that I last saw the deceased alive on 25 May 19 54, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Gerity M.D. ADDRESS Oakland, Md DATE SIGNED 25 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5/28/54; NAME OF CEMETERY OR CREMATORY Red House; LOCATION (City, town, or county) (State) Oakland, R.F.D. #2, Md.

DATE REC'D BY LOCAL REGISTRAR 5/28/54; REGISTRAR'S SIGNATURE Julia Morgan LR

24. FUNERAL DIRECTOR J. A. L. Duncan ADDRESS Thomas, W.Va.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.